Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

Title:: METHOD FOR TREATING PAIN WITH LOXAPINE AND

AMOXAPINE

Attorney Docket Number:: 00063.01R

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Ron

Middle Name:: L.

Family Name:: HALE

City of Residence:: Woodside

State or Province of Residence:: California

Country of Residence:: US

Street of mailing address:: 17085 Skyline Boulevard

City of mailing address:: Woodside

State or Province of mailing address:: CA

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Applicant Authority type::

Inventor

Primary Citizenship Country:

CZ

Status::

Full Capacity

Given Name::

Patrik

Middle Name::

Family Name::

MUNZAR

City of Residence::

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State or Province of Residence:: California

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US

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City of mailing address::

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State or Province of mailing address::

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Postal or Zip Code of mailing address:: 94002

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Joshua

Middle Name::

D.

Family Name::

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State or Province of Residence:: California

Country of Residence::

US

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City of mailing address::

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State or Province of mailing address::

CA

Postal or Zip Code of mailing address:: 94043

Correspondence Information

Correspondence Customer Number::

37485

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Name::

Elaine C. Stracker

Name::

Alexza Molecular Delivery Corporation

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City of mailing address::

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State or Province of mailing address::

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Postal or Zip Code of mailing address:: 94303

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(650) 687-3905, (650) 687-3900

Fax Number::

(650) 687-3998

Representative Information

Representative	Registration number::	Name::
Designation::		
Primary	43,166	Elaine C. Stracker

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This application	Claims priority to	60/429,405	11/26/2002

Assignee Information

Assignee name::

Alexza Molecular Delivery Corporation

Street of mailing Address::

1001 East Meadow Circle

City of mailing address::

Palo Alto

State or Province of mailing address::

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Postal or Zip Code of mailing address:: 94303